

Please print all information.

Use Black Ink (ONLY).

SUMMER 2004 ADULT SOFTBALL ROSTER

City of Tempe Parks and Recreation
Sports League Registration / Roster Form

TEAM NAME: _____

MANAGER: _____

ADDRESS: _____

CITY: _____ ZIP: _____

CELL PHONE: (____) _____

E-MAIL ADDRESS: _____

"I have read and agree to all the rules of the City of Tempe League and verify to the best of my knowledge information given is accurate and true. I also understand all participants play at their own risk and are responsible for their own health insurance." COMPLETED CURRENT ROSTER DUE WHEN FEE IS PAID, NO EXCEPTIONS. Rosters must be filled out completely with the address and phone number of each player. Roster will be checked for validity. Rosters that do not contain complete address and phone numbers of players will not be considered for league entry. As the representative of my team I have read and agree to all the rules and regulations of the Tempe Softball League, and verify to the best of my knowledge that all informaiton given on this form is true and accurate.

Manager's Signature _____ Date _____

OFFICE USE ONLY / VERIFICATION OF TEMPE RESIDENTS

Registration Status: Tempe Business____Returning Team ____ 50% ____ Open ____

Team Roster: Name	Address	City	Zip	Home phone	Work Phone
1) Manager:					
2) Asst. Manager:				()	()
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